

Fill in this information to identify your case:

Debtor 1	Charles G. O'Shea		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Pamela A. O'Shea		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY		
Case number (if known)	21-17913		

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 479,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 201,191.76
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 680,191.76

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 225,343.72
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 61,363.77
Your total liabilities		\$ 286,707.49

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 8,205.15
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 7,402.93

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

☒ Yes

7. What kind of debt do you have?

☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **11,573.47**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
From Part 4 on <i>Schedule E/F</i>, copy the following:	
9a. Domestic support obligations (Copy line 6a.)	\$ 0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ 0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ 0.00
9d. Student loans. (Copy line 6f.)	\$ 0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ 0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ 0.00
9g. Total. Add lines 9a through 9f.	\$ 0.00

Fill in this information to identify your case:

Debtor 1 Charles G. O'Shea

Debtor 2 Pamela A. O'Shea
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number 21-17913
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

		Debtor 1	Debtor 2 or non-filing spouse
1. Fill in your employment information. If you have more than one job, attach a separate page with information about additional employers. Include part-time, seasonal, or self-employed work. Occupation may include student or homemaker, if it applies.	Employment status*	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation	<u>Grocery Clerk</u>	<u>Registrar</u>
	Employer's name	<u>Stop & Shop</u>	<u>Monmouth Medical Center</u>
	Employer's address	<u>150 West Elm Street Long Branch, NJ 07740</u>	<u>RWJBarnabas Health 300 Second Avenue Long Branch, NJ 07740</u>
	How long employed there?	<u>9 years</u>	<u>35 years</u>

*See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>5,346.39</u>	\$ <u>5,496.02</u>
3. Estimate and list monthly overtime pay.	+\$ <u>93.93</u>	+\$ <u>427.89</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>5,440.32</u>	\$ <u>5,923.91</u>

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 5,440.32	\$ 5,923.91
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 1,292.98	\$ 1,241.92
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 176.14
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 55.81
5e. Insurance	5e. \$ 0.00	\$ 375.09
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 40.39	\$ 0.00
5h. Other deductions. Specify: NJDS W/H	5h.+ \$ 0.00 +	\$ 3.55
NJEE	\$ 0.00	\$ 2.45
NJ FMLA	\$ 0.00	\$ 1.60
NJWD	\$ 0.00	\$ 0.35
NJFMLA	\$ 0.00	\$ 0.17
NJ FM.A	\$ 0.00	\$ 0.54
NJ DS W/H	\$ 0.00	\$ 0.30
NJ EE	\$ 0.00	\$ 0.69
NJ Unempl EE	\$ 0.00	\$ 13.95
NJ NJ WDPF	\$ 0.00	\$ 0.09
NJ NJ SWAF	\$ 0.00	\$ 0.69
NJ FL/EE	\$ 0.52	\$ 11.44
NJ OASD/EE	\$ 0.00	\$ 9.58
NJ NJ WDPF	\$ 0.00	\$ 0.85
NJ Unemp EE	\$ 0.00	\$ 1.30
NJ FL/ EE	\$ 0.00	\$ 0.95
NJ OASD/EE	\$ 0.00	\$ 14.39
NJ NJWDPF	\$ 0.00	\$ 0.07
NJ FLI EE	\$ 0.00	\$ 1.91
NJ HCSF	\$ 12.87	\$ 0.00
NJ FLI	\$ 13.61	\$ 0.00
NJ Disab	\$ 24.66	\$ 0.00
Legal W/O SUI	\$ 2.90	\$ 0.00
NJ FLII	\$ 0.56	\$ 0.00
Legal W/O SUI	\$ 1.43	\$ 0.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 1,389.92	\$ 1,913.83
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 4,050.40	\$ 4,010.08
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: 2020 Pro rated tax refund	8h.+ \$ 144.67 +	\$ 0.00

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

9. **Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. \$ **144.67** \$ **0.00**

10. **Calculate monthly income.** Add line 7 + line 9.

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. \$ **4,195.07** + \$ **4,010.08** = \$ **8,205.15**

11. **State all other regular contributions to the expenses that you list in Schedule J.**

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.

Specify: 11. +\$ **0.00**

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities* and *Related Data*, if it applies

12. \$ **8,205.15**

**Combined
monthly income**

13. **Do you expect an increase or decrease within the year after you file this form?**

☒ No.

☐ Yes. Explain:

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

Official Form B 6I
Attachment for Additional Employment Information

Spouse	
Occupation	Cashier
Name of Employer	Dollar Tree
How long employed	9 years
Address of Employer	1825 State Highway 35 Belmar, NJ 07719

Fill in this information to identify your case:

Debtor 1 Charles G. O'Shea

Debtor 2 Pamela A. O'Shea
(Spouse, if filing)

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number 21-17913
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

23

☐ No

☒ Yes

Son

26

☐ No

☒ Yes

Son

28

☐ No

☒ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 2,660.17

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 385.00

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

6. Utilities:								
6a. Electricity, heat, natural gas	6a. \$	460.00						
6b. Water, sewer, garbage collection	6b. \$	183.76						
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	405.00						
6d. Other. Specify: _____	6d. \$	0.00						
7. Food and housekeeping supplies	7. \$	1,500.00						
8. Childcare and children's education costs	8. \$	0.00						
9. Clothing, laundry, and dry cleaning	9. \$	100.00						
10. Personal care products and services	10. \$	100.00						
11. Medical and dental expenses	11. \$	0.00						
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$	200.00						
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00						
14. Charitable contributions and religious donations	14. \$	0.00						
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.								
15a. Life insurance	15a. \$	180.00						
15b. Health insurance	15b. \$	0.00						
15c. Vehicle insurance	15c. \$	600.00						
15d. Other insurance. Specify: _____	15d. \$	0.00						
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$	0.00						
17. Installment or lease payments:								
17a. Car payments for Vehicle 1	17a. \$	247.00						
17b. Car payments for Vehicle 2	17b. \$	282.00						
17c. Other. Specify: _____	17c. \$	0.00						
17d. Other. Specify: _____	17d. \$	0.00						
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$	0.00						
19. Other payments you make to support others who do not live with you.	\$	0.00						
Specify: _____	19.							
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.								
20a. Mortgages on other property	20a. \$	0.00						
20b. Real estate taxes	20b. \$	0.00						
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00						
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00						
20e. Homeowner's association or condominium dues	20e. \$	0.00						
21. Other: Specify: _____	21. +\$	0.00						
22. Calculate your monthly expenses								
22a. Add lines 4 through 21.	<div style="border: 1px solid black; padding: 5px;"> <table border="0"> <tr> <td>\$</td> <td>7,402.93</td> </tr> <tr> <td>\$</td> <td></td> </tr> <tr> <td>\$</td> <td>7,402.93</td> </tr> </table> </div>		\$	7,402.93	\$		\$	7,402.93
\$			7,402.93					
\$								
\$	7,402.93							
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2								
22c. Add line 22a and 22b. The result is your monthly expenses.								
23. Calculate your monthly net income.								
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$	8,205.15						
23b. Copy your monthly expenses from line 22c above.	23b. -\$	7,402.93						
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$	802.22						
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
<input checked="" type="checkbox"/> No.								
<input type="checkbox"/> Yes. Explain here:								

Fill in this information to identify your case:

Debtor 1 **Charles G. O'Shea**
First Name Middle Name Last Name

Debtor 2 **Pamela A. O'Shea**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number **21-17913**
(if known)

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Charles G. O'Shea
Charles G. O'Shea
Signature of Debtor 1

Date November 1, 2021

X /s/ Pamela A. O'Shea
Pamela A. O'Shea
Signature of Debtor 2

Date November 1, 2021

Fill in this information to identify your case:

Debtor 1 **Charles G. O'Shea**
First Name Middle Name Last Name

Debtor 2 **Pamela A. O'Shea**
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number **21-17913**
(if known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

Dates Debtor 1 lived there

Debtor 2 Prior Address:

Dates Debtor 2 lived there

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

Part 2 Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

From January 1 of current year until the date you filed for bankruptcy:

Debtor 1

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

\$51,262.78

☐ Operating a business

Debtor 2

Sources of income
Check all that apply.

Gross income
(before deductions and exclusions)

☒ Wages, commissions, bonuses, tips

\$53,325.00

☐ Operating a business

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: (January 1 to December 31, 2020)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$636,604.15	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$64,762.06
For the calendar year before that: (January 1 to December 31, 2019)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$63,883.48	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$55,982.17

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825* or more?

- ☐ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$6,825* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**
Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
----------------------------	------------------	-------------------	----------------------	--

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**
List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Discover Bank vs. Pamela A. O'Shea MON-DC-006283-21	Civil Action	Superior Court of New Jersey Monmouth County 71 Monument Park Freehold, NJ 07728	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
US Bank NA v. Charles O'Shea Jr. MON-L-002309-21	Civil Action	Superior Court of New Jersey Monmouth County 71 Monument Park Freehold, NJ 07728	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
---------------------------	--	------	-----------------------

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
---------------------------	---------------------------------------	-----------------------	--------

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600

Describe what you contributed

Dates you contributed

Value

Charity's Name
Address (Number, Street, City, State and ZIP Code)

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Date of your loss

Value of property lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☐ No
☒ Yes. Fill in the details.

Person Who Was Paid
Address
Email or website address
Person Who Made the Payment, if Not You

Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Eugene D Roth, Esq
2520 Highway 35
Suite 307
Manasquan, NJ 08736

03/31/2021

\$2,375.00

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

17. **Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**
Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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18. **Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**
Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

19. **Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices*.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. **Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**
Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. **Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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22. **Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

- ☒ No
☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	--------------------------

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
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Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
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26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

- ☒ No. None of the above applies. Go to Part 12.
- ☐ Yes. Check all that apply above and fill in the details below for each business.

Business Name
Address
(Number, Street, City, State and ZIP Code)

Describe the nature of the business
Name of accountant or bookkeeper

Employer Identification number
Do not include Social Security number or ITIN.
Dates business existed

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No
- ☐ Yes. Fill in the details below.

Name
Address
(Number, Street, City, State and ZIP Code)

Date Issued

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Charles G. O'Shea

Charles G. O'Shea
Signature of Debtor 1

/s/ Pamela A. O'Shea

Pamela A. O'Shea
Signature of Debtor 2

Date November 1, 2021

Date November 1, 2021

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
- ☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No
- ☐ Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 Charles G. O'Shea

Debtor 2 Pamela A. O'Shea
(Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey

Case number 21-17913
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

☐ Not married. Fill out Column A, lines 2-11.

☒ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ 5,649.56	\$ 5,923.91
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ 0.00	\$ 0.00
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$ 0.00	\$ 0.00
5. Net income from operating a business, profession, or farm	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from a business, profession, or farm	\$ 0.00	Copy here -> \$ 0.00
6. Net income from rental and other real property	Debtor 1	
Gross receipts (before all deductions)	\$ 0.00	
Ordinary and necessary operating expenses	-\$ 0.00	
Net monthly income from rental or other real property	\$ 0.00	Copy here -> \$ 0.00

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. Interest, dividends, and royalties	\$ 0.00	\$ 0.00
8. Unemployment compensation	\$ 0.00	\$ 0.00
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:		
For you	\$ 0.00	
For your spouse	\$ 0.00	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.	\$ 0.00	\$ 0.00
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
	\$ 0.00	\$ 0.00
Total amounts from separate pages, if any.	+ \$ 0.00	\$ 0.00
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	\$ 5,649.56	+ \$ 5,923.91 = \$ 11,573.47
		Total average monthly income

Part 2: Determine How to Measure Your Deductions from Income

12. **Copy your total average monthly income from line 11.** \$ **11,573.47**

13. **Calculate the marital adjustment.** Check one:

☐ You are not married. Fill in 0 below.

☒ You are married and your spouse is filing with you. Fill in 0 below.

☐ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

	\$	
	\$	
	+\$	
Total	\$ 0.00	Copy here=> - 0.00

14. **Your current monthly income.** Subtract line 13 from line 12. \$ **11,573.47**

15. **Calculate your current monthly income for the year.** Follow these steps:

15a. Copy line 14 here=> \$ **11,573.47**

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

Multiply line 15a by 12 (the number of months in a year).

x 12

15b. The result is your current monthly income for the year for this part of the form.

\$ 138,881.64

Case number (if known) **21-17913**

Best Case Bankruptcy

Fill in this information to identify your case:

Debtor 1 Charles G. O'Shea

Debtor 2 Pamela A. O'Shea
(Spouse, if filing)

United States Bankruptcy Court for the: District of New Jersey

Case number 21-17913
(if known)

☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/19

To fill out this form, you will need your completed copy of *Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period* (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. \$ 1,292.00
7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**Case number (if known) **21-17913****People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person \$ 68

7b. Number of people who are under 65 X 2

7c. **Subtotal.** Multiply line 7a by line 7b. \$ 136.00 Copy here=> \$ 136.00

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ 142

7e. Number of people who are 65 or older X 0

7f. **Subtotal.** Multiply line 7d by line 7e. \$ 0.00 Copy here=> \$ 0.00

7g. **Total.** Add line 7c and line 7f \$ 136.00 Copy total here=> \$ 136.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.**Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:**☒ **Housing and utilities - Insurance and operating expenses**☒ **Housing and utilities - Mortgage or rent expenses****To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.**

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$ 684.00

9. **Housing and utilities - Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$ 2,295.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
Rocket Mortgage, LLC	\$ <u>2,676.28</u>

9b. Total average monthly payment

\$ 2,676.28

Copy here=> -\$ 2,676.28 Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (*total average monthly payment*) from line 9a (*mortgage or rent expense*). If this number is less than \$0, enter \$0.

\$ 0.00

Copy here=> \$ 0.00

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \$ 0.00

Explain why: _____

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**Case number (if known) **21-17913**11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.☐ 0. Go to line 14.☐ 1. Go to line 12.☒ 2 or more. Go to line 12.12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$ **710.00**13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.**Vehicle 1** Describe Vehicle 1: **2016 Ford Focus 36,300 miles**13a. Ownership or leasing costs using IRS Local Standard..... \$ **533.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
Valley National Bank	\$ 282.00

Total Average Monthly Payment

\$ **282.00**Copy here => -\$ **282.00**

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. if this number is less than \$0, enter \$0.

\$ **251.00**Copy net Vehicle 1 expense here => \$ **251.00****Vehicle 2** Describe Vehicle 2: **2012 Honda CRV 109000 miles**13d. Ownership or leasing costs using IRS Local Standard..... \$ **533.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
Capital One Auto Finance	\$ 247.00

Total average monthly payment

\$ **247.00**Copy here => -\$ **247.00**

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. if this number is less than \$0, enter \$0.

\$ **286.00**Copy net Vehicle 2 expense here => \$ **286.00**14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation. \$ **0.00**15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*. \$ **0.00**

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**Case number (if known) **21-17913****Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes.
Do not include real estate, sales, or use taxes. \$ **2,584.63**
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.
Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. \$ **313.20**
18. **Life Insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance.
Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. \$ **0.00**
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.
Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. \$ **0.00**
20. **Education:** The total monthly amount that you pay for education that is either required:
☒ as a condition for your job, or
☒ for your physically or mentally challenged dependent child if no public education is available for similar services. \$ **0.00**
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.
Do not include payments for any elementary or secondary school education. \$ **0.00**
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.
Payments for health insurance or health savings accounts should be listed only in line 25. \$ **0.00**
23. **Optional telephone and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer.
Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$ **0.00**
24. **Add all of the expenses allowed under the IRS expense allowances.** \$ **6,256.83**
Add lines 6 through 23.

Additional Expense Deductions These are additional deductions allowed by the Means Test.
Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- | | |
|------------------------|------------------|
| Health insurance | \$ 375.09 |
| Disability insurance | \$ 26.70 |
| Health savings account | + \$ 0.00 |
| Total | \$ 401.79 |
- Copy total here=> \$ **401.79**
- Do you actually spend this total amount?
☐ No. How much do you actually spend?
☒ Yes \$ _____
26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) \$ **0.00**
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. \$ **0.00**
By law, the court must keep the nature of these expenses confidential.

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

28. **Additional home energy costs.** Your home energy costs are included in your insurance and operating expenses on line 8.
If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.
You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. \$ **0.00**
29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$170.83* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.
You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.
* Subject to adjustment on 4/01/22, and every 3 years after that for cases begun on or after the date of adjustment. \$ **0.00**
30. **Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.
To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.
You must show that the additional amount claimed is reasonable and necessary. \$ **0.00**
31. **Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).
Do not include any amount more than 15% of your gross monthly income. \$ **0.00**
32. **Add all of the additional expense deductions.** \$ **401.79**
Add lines 25 through 31.

Deductions for Debt Payment

33. **For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.**

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Mortgages on your home

33a. Copy line 9b here => **Average monthly payment** \$ **2,676.28**

Loans on your first two vehicles

33b. Copy line 13b here => \$ **282.00**

33c. Copy line 13e here => \$ **247.00**

- 33d. List other secured debts:

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?	
-NONE-		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	\$
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	\$
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	\$

33e Total average monthly payment. Add lines 33a through 33d \$ **3,205.28** Copy total here=> \$ **3,205.28**

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

- ☒ No. Go to line 35.
☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
-NONE-		\$ _____ ÷ 60 = \$ _____	
		Total \$ 0.00	Copy total here=> \$ 0.00

35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

- ☒ No. Go to line 36.
☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims \$ **0.00** ÷ 60 \$ **0.00**

36. Projected monthly Chapter 13 plan payment

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).
To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

Average monthly administrative expense

X _____

\$ _____

Copy total here=> \$ _____

37. Add all of the deductions for debt payment.
Add lines 33e through 36.

\$ **3,205.28**

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, *All of the expenses allowed under IRS expense allowances* \$ **6,256.83**
Copy line 32, *All of the additional expense deductions* \$ **401.79**
Copy line 37, *All of the deductions for debt payment* +\$ **3,205.28**

Total deductions..... \$ **9,863.90** Copy total here=> \$ **9,863.90**

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**Case number (if known) **21-17913****Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**39. **Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period.** \$ **11,573.47**40. **Fill in any reasonably necessary income you receive for support for dependent children.** The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ **0.00**41. **Fill in all qualified retirement deductions.** The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ **55.81**42. **Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).** Copy line 38 here => \$ **9,863.90**43. **Deduction for special circumstances.** If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.**Describe the special circumstances****Amount of expense**

	\$
	\$
	\$

Total \$ **0.00**Copy here=> \$ **0.00**44. **Total adjustments.** Add lines 40 through 43. => \$ **9,919.71** Copy here=> -\$ **9,919.71**45. **Calculate your monthly disposable income under § 1325(b)(2).** Subtract line 44 from line 39.\$ **1,653.76****Part 3: Change in Income or Expenses**46. **Change in income or expenses.** If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Charles G. O'Shea

Charles G. O'Shea
Signature of Debtor 1

Date **November 1, 2021**
MM / DD / YYYY

X /s/ Pamela A. O'Shea

Pamela A. O'Shea
Signature of Debtor 2

Date **November 1, 2021**
MM / DD / YYYY

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period **04/01/2021** to **09/30/2021**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employer : Stop & Shop**

Constant income of **\$5,649.56** per month.*

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **04/01/2021** to **09/30/2021**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employer : Dollar Tree**

Constant income of **\$824.10** per month.*

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employer : Monmouth Medical Center**

Constant income of **\$5,099.81** per month.*

Debtor 1 **Charles G. O'Shea**
Debtor 2 **Pamela A. O'Shea**

Case number (if known) **21-17913**

***Paycheck Details:**

Stop & Shop

Date	Earnings	Overtime	Taxes	Other	Net Check
2021-04-07	918.00	275.40	277.55	23.70	892.15
2021-04-14	899.55	309.83	282.73	28.34	898.31
2021-04-21	1,204.88	0.00	281.27	23.85	899.76
2021-04-28	1,204.88	0.00	281.28	23.83	899.77
2021-05-05	1,204.88	0.00	281.27	23.83	899.78
2021-05-12	1,209.38	0.00	282.73	28.35	898.30
2021-05-19	1,480.28	0.00	371.97	27.06	1,081.25
2021-05-26	1,204.88	0.00	281.27	23.85	899.76
2021-06-02	1,204.88	0.00	281.27	23.83	899.78
2021-06-09	1,468.80	0.00	368.13	26.93	1,073.74
2021-06-16	1,209.38	0.00	282.73	28.35	898.30
2021-06-23	1,204.88	0.00	281.52	24.04	899.32
2021-06-30	1,204.88	0.00	281.27	23.83	899.78
2021-07-07	1,204.88	0.00	281.27	23.84	899.77
2021-07-14	1,473.30	0.00	369.63	31.37	1,072.30
2021-07-21	1,210.62	0.00	283.13	9.68	917.81
2021-07-28	1,480.28	0.00	371.96	20.78	1,087.54
2021-08-04	1,213.48	0.00	284.05	18.78	910.65
2021-08-11	1,204.88	0.00	281.28	18.71	904.89
2021-08-18	1,209.38	0.00	282.72	23.23	903.43
2021-08-25	1,204.88	0.00	281.28	18.71	904.89
2021-09-01	1,209.56	0.00	282.78	18.75	908.03
2021-09-08	1,480.28	0.00	371.97	20.78	1,087.53
2021-09-15	1,473.30	0.00	369.63	25.19	1,078.48
2021-09-22	1,204.88	0.00	281.27	18.73	904.88
2021-09-22	918.00	0.00	199.04	6.88	712.08
2021-09-29	1,204.88	0.00	281.27	18.71	904.90
Totals:	33,312.15	585.23	8,056.27	603.93	25,237.18

Dollar Tree

Date	Earnings	Overtime	Taxes	Other	Net Check
2021-04-09	377.04	0.00	34.50	4.43	338.11
2021-04-23	343.92	0.00	31.48	4.05	308.39
2021-05-07	347.76	0.00	31.82	4.08	311.86
2021-05-21	378.36	0.00	34.63	4.45	339.28
2021-06-04	496.44	0.00	48.14	5.83	442.47
2021-06-18	377.18	0.00	64.51	4.43	308.24
2021-07-02	396.60	0.00	66.30	4.66	325.64
2021-07-16	321.96	0.00	59.45	3.78	258.73
2021-07-30	429.36	0.00	69.29	5.04	355.03
2021-08-13	388.56	0.00	65.55	4.58	318.43
2021-08-27	400.80	0.00	66.68	4.70	329.42
2021-09-10	302.64	0.00	57.68	3.56	241.40
2021-09-24	383.98	0.00	65.14	4.50	314.34
Totals:	4,944.60	0.00	695.17	58.09	4,191.34

Monmouth Medical Center

Date	Earnings	Overtime	Taxes	Other	Net Check
2021-04-09	4,055.76	14.08	1,147.48	302.02	2,620.34
2021-04-23	2,028.90	27.39	410.84	278.44	1,367.01
2021-05-07	2,021.29	7.61	401.05	278.12	1,349.73
2021-05-21	2,028.90	8.75	404.18	278.22	1,355.25

Debtor 1 Debtor 2	Charles G. O'Shea Pamela A. O'Shea		Case number (if known)	21-17913	
2021-06-04	2,028.90	2,035.36	1,145.30	302.04	2,616.92
2021-06-18	2,028.90	0.00	401.05	319.97	1,307.88
2021-07-02	2,028.90	0.00	401.05	319.98	1,307.87
2021-07-16	2,028.90	0.00	401.04	319.98	1,307.88
2021-07-30	2,028.90	11.41	405.14	320.12	1,315.05
2021-08-13	1,831.84	211.26	406.06	318.16	1,318.88
2021-08-27	2,028.89	22.06	408.95	311.52	1,330.48
2021-09-10	2,028.90	22.45	409.07	311.53	1,330.75
2021-09-24	1,862.53	206.95	415.14	313.27	1,341.07
Totals:	28,031.51	2,567.32	6,756.35	3,973.37	19,869.11

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)
Eugene D. Roth
2520 Highway 35, Suite 307
Manasquan, NJ 08736
732-292-9288
erothesq@gmail.com

In Re: **Charles G. O'Shea**
Pamela A. O'Shea

Case No.: 21-17913

Chapter: 13

Judge: _____

DISCLOSURE OF CHAPTER 13 DEBTOR'S ATTORNEY COMPENSATION

1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the attorney for the debtor(s) and that compensation was paid to me within one year before the filed date of the petition, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection with this bankruptcy case is as follows:

■ Under D.N.J. LBR 2016-5(b), I have agreed to accept for all legal services required to confirm a plan, subject to the exclusions listed below, including administrative services that may occur postconfirmation, a flat fee in the amount of \$ 4,750.00. I understand that I must demonstrate that additional services were unforeseeable at the time of the filing of this disclosure if I seek additional compensation and reimbursement of necessary expenses.

Legal services on behalf of the debtor in connection with the following are not included in the flat fee:

Representation of the debtor in:

- adversary proceedings,
- loss mitigation/loan modification efforts,
- post-confirmation filings and matters brought before the Court.

I have received: \$ 2,375.00

The balance due is: \$ 2,375.00

The balance ☐ will ☒ will not be paid through the plan.

☐ Under D.N.J. LBR 2016-5(c), I have agreed to accept for legal services provided on behalf of the debtor in this case, an hourly fee of \$ _____. The hourly fee charged by other members of my firm that may provide services to this client range from \$ _____ to \$ _____. I understand that I must receive the Court's approval of any fees or expenses to be paid to me in this case post petition pursuant to D.N.J. LBR 2016-1.

I have received: \$ _____

2. The source of the funds paid to me was:

■ Debtor(s) ☐ Other (specify below)

3. If a balance is due, the source of future compensation to be paid to me is:

☒ Debtor(s) ☐ Other (specify below)

4. I ☐ have or ☒ have not agreed to share compensation with another person(s) unless they are members of my law firm. If I have agreed to share compensation with a person(s) who is not a member of my law firm, a copy of that agreement and a list of the people sharing in the compensation is attached.

5. (a) The Debtor(s) agree that coverage counsel may appear at hearings on their behalf in lieu of counsel retained by Debtor(s) as needed. If possible, Debtor's counsel will advise Debtor(s) of the use of coverage counsel for any hearings prior to that hearing. Debtor(s) acknowledge that coverage counsel may not be a member of my firm and may or may not be compensated for their appearance.

/s/ CGO

Debtor(s) Initials

/s/ PAO

Debtor(s) Initials

(b) The Debtor(s) DO NOT agree that coverage counsel may appear at hearings on their behalf in lieu of counsel retained by Debtor(s) as needed. All appearances related to the Debtor(s) matter will be made by me, the undersigned attorney, or members of my law firm.

Debtor(s) Initials

Debtor(s) Initials

6. The Debtor(s) have reviewed this Disclosure and it is consistent with the terms of the Retainer Agreement.

Date: November 1, 2021

/s/ Charles G. O'Shea

Charles G. O'Shea

Debtor

Date: November 1, 2021

/s/ Pamela A. O'Shea

Pamela A. O'Shea

Joint Debtor

Date: November 1, 2021

/s/ Eugene D. Roth

Eugene D. Roth

Debtor's Attorney